UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR 1.53(b)			ATTORNEY DOCKET 86994NAB Customer No. 01333		
To: Commissioner for Patents			Express Mail Label No.		
P.O. Box 1450			<u>-</u>		
Alexandria, VA. 22313-1450			EV 293511407	US	P10
·					208 P.
AUTOSTEREOSCOPIC OPTICAL APPARATUS			Date: SCD	tember 12,200.	$\mathbf{S}_{\mathbf{S}}^{1}$
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First Named Inventor (or Application Identifier):					102
					19
Joshua M. Cobb, et al					
Enclosed are:					
1. X Specification			6. X Assignment of the invention to		
2 Shoot(s) of drawing(s)			Eastman Kodak Company		
2. 18 Sheet(s) of drawing(s)			7. Certified copy of a priority		
3. X Information Disclosure Statement Under 37 CFR			8. Associate Power of Attorney		
1.97.					
4. Combined Declaration for Patent Application and Power of Attorney:					
4a. X New					
4b. Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)					
5. Incorporation by Reference (useable if Box 4b is 9. Deletion of Inventor(s).					
checked) The entire disclosure of the prior application, from Signed statement attached deleting inventor(s) named which a copy of the oath or declaration is supplied under Box 4b, in the prior application, see 37 CFR 1.63(d)(2) and					
which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying 1.33(b).					
application and is hereby incorporated by reference therein.					
10. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1,					
after the title, by inserting the following:					
CROSS REFERENCE TO RELATED APPLICATION					
Reference is made to and priority claimed from U.S. Provisional Application Serial No., filed, entitled.					
If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:					
11. Continuation Divisional Continuation-in-part (CIP) of prior application No:					
12. X Please address all written communications to Milton S. Sales, Patent Legal Staff,					
Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.					
Please Direct all telephone calls to Nelson A. Blish at 585-588-2720.					
The filing fee has been calculate	- ted as shown hel	ow.			
FOR:	NO. FILED		A RATE	FEE	
BASIC FEE				\$ 750	
TOTAL CLAIMS	86 - 20 =	66	x 18 =	\$ 1188	
INDEPENDENT CLAIMS	7   - 3 =	4	x 84 =	\$ 336	
MULTIPLE DEPENDEN	IT CLAIM PRES	SENTED	+ 280	\$ 0	
			TOTAL	\$ 2274	
X Please charge my Eastma	n Kodak Comna	ny Denosit Accou	nt No. 05-0225 in th	ne amount of \$ 2274	
X Please charge my Eastman Kodak Company Deposit Account No. <u>05-0225</u> in the amount of \$ 2274  A duplicate copy of this sheet is enclosed					
X The Commissioner is hereby authorized to charge any additional filing fees required under					
37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.					
A duplicate copy of this sheet is enclosed.					
\ Nlu \					
Nelson A. Diish Aven					
Nelson A. Blish/tmp  Attorney for Applicants  The last of the second sec					

Telephone: 585-588-2720 Facsimile: 585-477-4646

Registration No. 29,134